



## Colorectal Abnormal Form

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Birth Date</b> MM / DD / YYYY	<b>Admin Site #</b>
<b>Social Security Number</b> - -	<b>Phone Number</b>	<b>State ID</b>		

  

<p><b>Histology of most severe polyp/lesion</b> (Complete if biopsy/polypectomy was done during the colonoscopy)</p> <p> <input type="checkbox"/> Normal or other non-polyp histology  <input type="checkbox"/> Non-adenomatous polyp (inflammatory, hamartomatous, etc.)  <input type="checkbox"/> Hyperplastic polyp  <input type="checkbox"/> Adenoma, NOS (no high grade dysplasia noted)  <input type="checkbox"/> Adenoma, tubular (no high grade dysplasia noted)  <input type="checkbox"/> Adenoma, mixed tubular villous (no high grade dysplasia noted)  <input type="checkbox"/> Adenoma, villous (no high grade dysplasia noted)  <input type="checkbox"/> Adenoma, serrated (no high grade dysplasia noted)  <input type="checkbox"/> Adenoma with high grade dysplasia (includes in situ carcinoma)  <input type="checkbox"/> Adenocarcinoma, invasive  <input type="checkbox"/> Cancer, other  <input type="checkbox"/> Unknown/other lesions ablated, not retrieved or confirmed         </p> <p><b>Number of adenomatous polyps/lesions</b> (Complete if result of the histology is Adenoma or Cancer)</p> <p> <input type="checkbox"/> Less than 97--Enter the number _____  <input type="checkbox"/> 97 or more adenomatous polyps/lesions  <input type="checkbox"/> At least one adenomatous polyps/lesions, exact number not known  <input type="checkbox"/> Unknown         </p> <p><b>Size of largest adenomatous polyp/lesion</b> (Complete if result of the histology is Adenoma or Cancer)</p> <p> <input type="checkbox"/> Less than 1 cm  <input type="checkbox"/> Greater than or equal to 1 cm  <input type="checkbox"/> Unknown         </p> <p><b>Complications of endoscopy requiring observation or treatment.</b> (Report the worst of up to 2 serious complication of CRC testing occurring within 30 days of the test date and resulting in an ER visit or hospitalization.)</p> <p> <input type="checkbox"/> No complications  <input type="checkbox"/> Bleeding, transfusion required  <input type="checkbox"/> Bleeding not requiring transfusion  <input type="checkbox"/> Cardiopulmonary events (hypotension, hypoxia, arrhythmia, etc)  <input type="checkbox"/> Complications related to anesthesia  <input type="checkbox"/> Bowel perforation  <input type="checkbox"/> Post-polypectomy syndrome/excessive abdominal pain  <input type="checkbox"/> Death  <input type="checkbox"/> Other _____         </p> <p><b>Provider's Signature</b> _____</p>	<p><b>Histology from surgical resection</b> (Complete if surgery was performed to complete diagnosis.)</p> <p> <input type="checkbox"/> Surgery recommended but not performed  <input type="checkbox"/> Normal or other non-polyp histology  <input type="checkbox"/> Non-adenomatous polyp (inflammatory, hamartomatous, etc.)  <input type="checkbox"/> Hyperplastic polyp  <input type="checkbox"/> Adenoma, NOS (no high grade dysplasia noted)  <input type="checkbox"/> Adenoma, tubular (no high grade dysplasia noted)  <input type="checkbox"/> Adenoma, mixed tubular villous (no high grade dysplasia noted)  <input type="checkbox"/> Adenoma, villous (no high grade dysplasia noted)  <input type="checkbox"/> Adenoma, serrated (no high grade dysplasia noted)  <input type="checkbox"/> Adenoma with high grade dysplasia (includes in situ carcinoma)  <input type="checkbox"/> Adenocarcinoma, invasive  <input type="checkbox"/> Cancer, other  <input type="checkbox"/> Unknown/other lesions ablated, not retrieved or confirmed         </p> <p><b>Date surgery performed</b> MM / DD / YYYY</p> <p><b>Complete this section if final diagnosis is Cancer</b></p> <p><b>Status of treatment</b></p> <p> <input type="checkbox"/> Started and/or complete  <input type="checkbox"/> Not recommended due to polypectomy  <input type="checkbox"/> Not recommended  <input type="checkbox"/> Refused  <input type="checkbox"/> Lost to follow-up         </p> <p><b>Date of treatment</b> MM / DD / YYYY</p> <p><b>Recommended test screening or surveillance test for next cycle</b></p> <p> <input type="checkbox"/> Take home FOBT  <input type="checkbox"/> Take home FIT  <input type="checkbox"/> Colonoscopy  <input type="checkbox"/> None         </p> <p><b>Number of months before screening or surveillance test for next cycle.</b> _____ (If none, leave blank)</p> <p><b>Indication for screening or surveillance test for next cycle</b></p> <p> <input type="checkbox"/> Screening  <input type="checkbox"/> Surveillance after a positive colonoscopy and/or surgery         </p> <p><b>Print Provider's Name</b> _____</p>
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